Adverse Event Reporting, CTMS, and CDUS Survey Results

		N	%	N	%
Total Number of Responding Institutions		16			
Number of Centers with Legacy System(s)		13	81%		
Total Number of Legacy Systems				15	
Type of AE Data Collection (N=15)				10	
			<u> </u>		
AE Grade				14	93%
AE Expectedness				7	47%
AE attribution				13	87%
AE relatedness to the Protocol CTCAE Toxicity				9	60% 60%
Protocol Status			+	<u>9</u> 13	87%
Study Phase				13	87%
Risk-Benefit relationship of the research				3	20%
Other				3	20%
None/No response				1	7%
Current Systems Functionality (N=15)			<u>.</u>		Į.
Automated AE Grading				4	27%
AE Data Collection				7	47%
AE Reporting				5	33%
Messaging of SAEs				1	7%
Routing AEs				<u>1</u> 7	7%
Integrated AE Repository					47%
Vocabulary Management				3	20%
Participant Self-Reporting				2	13%
Public Access to AE Information				1	7%
Other				2	13%
None/No response				5	33%
Summarization of Comments					
Need harmonization of AE terms					
Interaction with the caBIG AE system (N=16) Full Implementation	Δ.	4	250/		I
Interface with Legacy AE systems	A B	<u>4</u> 6	25% 38%		
Other	С	3	19%		
Other	A & B	2	13%		
	B&C	1	6%		
Summarization of Comments			1 0.01		l
Streamlined and secure reporting of AEs to Externa	al Agencies (e.g., NCI, C	TEP, FDA)		
Interface as much as possible the legacy AE syster	ns with caBl	G AE syster	n		
Interaction with the caBIG AE system is dependent		uct that is de	eveloped		
Legacy AE Reporting systems/databases (N=16)				
One (1) Legacy System		11	69%		
Vendor System		6			
Homegrown System		4			
No response		1	400/		
More than One (1) Legacy System		2	13%		
Vendor System Homegrown System		3	 		
No Legacy AE System		3 3	19%		
THE LEGACY AL CYSTEIN		<u> </u>	13/0		

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Total Number of Responding Institutions	<u>J, 111</u>	16			
Number of Centers with Legacy System(s)		13	81%		
		13	01/0		
Total Number of Legacy Systems				15	
Operating System (N=15) Web-based				4	70/
Windows				7	7% 47%
No response				4	27%
Database (N=15)				4	21 /0
Oracle				7	47%
Advanced Revelation				1	7%
MS Access				2	13%
SQL				3	20%
No response				4	27%
110 100001100				· ·	
Program Language (N=15)					
ASP.net	Α			1	7%
Cold Fusion				1	7%
FoxPro 8				0	0%
Java	D			4	27%
MS Access	E			1	7%
Oracle Forms and Reports	E			1	7%
Rbasic	G			1	7%
Visual Basic	I			0	0%
	B&C			1	7%
	D&I			1	7%
No response				4	27%
Type of CTMS and CDUS Data Capture and Rep	orting Capa	bilities (N=	16)		
CTMS					
Data entry into ACES locally and then electronic		_			
data transfer to the CTMS database	Α	6	38%		
Application to Application data transfer (Legacy		_			
Clinical Trials system to CTMS database)	В	0	0%		
Other - Paper, fax	С	1			
	A&B	1	6%		
	A, B, & C	1	6%		
Not Reporting/Not Required		5	31%		
No Response		2	13%		
CDUS			10 70		
Data entry into CDUS via web-based data entry			Ι Ι	T	
application	Α	7	44%		
Data entry into CDUS via CTEP-FTP site	В	0	0%		
Application to Application data transfer (Legacy	В	U	U 70		
Clinical Trials system to CDUS via the CTEP-FTP					
site)	С	4	6%		
Application to Application data transfer (Legacy	<u> </u>	1	6%		
clinical trials system to CDUS)	D	0	0%		
Create a file from the legacy clinical trials system	U D	0	U%		
and send to CDUS via FTP	E	0	00/		
and send to opos via FTF		0	0%		
	A & B	2	13%		
	A, C, & D	1	6%		
-					
	D&E	1	6%	ı	

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Total Number of Responding Institutions	16			
Number of Centers with Legacy System(s)	13	81%		
Total Number of Legacy Systems			15	
Other - Paper, fax	1	6%		
Not Reporting/Not Required	1	6%		
No Response	2	13%		

Summarization of Comments

Use of multiple methods to transfer the AE reports

Tedious, labor intensive process with some double data entry.

Want a secure automated data transfer

Issues/Barriers with CTMS and/or CDUS report systems - Summarization of Comments (Refer to the comments section for all the comments)

Unsecure electronic data transfer

Several iterations of data validation after submission and resubmissions before submission is accepted

Unclear CDUS expectations of reporting the data

Nonstandard coding of data and abbreviations

Naming of entities is inconsistent - I.e., same drugs will be abbreviated differently in different studies and Fixed file lengths of submission fields - many of the file lengths are too short

Theradex - Vague data export specifications and vague or no table specifications

CTMS system automatically defaults to the description rather than the CTC/CTCAE term - this generates potentially unnecessary clarification of data already entered

Clarifications of data are not always sent in a timely manner. Extra time is then spent on clarifying previous submitted data making it difficult to stay current with present data submissions.